**Brad Lander** 

New York City Comptroller

Office of the New York City Comptroller 1 Centre Street New York, NY 10007

Form Version:

NYC-COMPT-BLA-PI1-E

## Personal Injury Claim Form

Electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

#Firm or First Name. Relationship to the claimant:  #Address: #City: BROOKLYN  #State: NEW YORK  #Claimant Information  #Address: 2: #City: BROOKLYN  #Address: B91 MOTHER GASTON BLVD  #Address: BROOKLYN  #Address: B91 MOTHER GASTON BLVD  #Address: BROOKLYN  #Address: B91 MOTHER GASTON BLVD  #Address: BROOKLYN  #Address: BROOKLYN BROOKLYN  #Address: BROOKLYN BROOKLYN  #Address: BROOKLYN BROOKLYN  #Address: BROOKLYN BROOKLYN BROOKLYN  #Address: BROOKLYN BROOKLYN BROOKLYN  #Address: BROOKLYN BROOKLYN BROOKLYN  #Address: BROOKLYN BROOKLYN BROOKLYN BROOKLYN BROOKLYN  #Address: BROOKLYN BRO	Laur filia en la	20 L L K of reveals	C A44	
behalf, please provide the following information.  Last Name: First Name: Relationship to the claimant:  Claimant Information  Claimant Information  Claimant Information  CAESAR  LLOYD  **State: **Lity: **BROOKLYN  **State: **NEW YORK  Tax ID: **Loaddress 2: **Lity: **BROOKLYN  **State: **NEW YORK  Tax ID: **Phone #: **Lity: **BROOKLYN  **State: **NEW YORK  The time and place where the claim arose  **Date of Birth: **Soc. Sec. #* **Location of Incident: **Country: **Location of Incident: **Country: **Location of Incident: **Country: **Countr	ram filing: (			
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Address 2: +City: BROOKLYN  **State: NEW YORK  **Last Name: CAESAR  **Last Name: LLOYD  **Address: B91 MOTHER GASTON BLVD  **City: BROOKLYN  **State: NEW YORK  **City: BROOKLYN  **State: NEW YORK  **Izip Code: 11212  **Country: USA  Date of Birth: Format: MM/DD/YYYY  **Date of Birth: Soc. Sec. # HICK: (Medicare #)  Date of Death: Format: MM/DD/YYYY  Phone: **Email Address: NEW YORK  **Retype Email Address: COUNTY: COUNTY: ARREST IN THE VICINITY OF OSBORN STREET AND HEGEMAN AVENUE AND INCARCERATION OCCURRED IN KINGS COUNTY.  City Employee? C Yes  No  C NA  Gender  Male  Female  Other  **Date of Death: Address: Address: COUNTY: BROOKLYN  **Denotes required fields.  **Denotes required fields.  **Denotes required fields.  **Denotes field that is required if attorney is filing.  **BROOKLYN (KINGS)		PARTITION NAMED IN THE PARTY OF	+Address:	634 CLASSON AVENUE
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+Denotes field that is required if attorney is filing.  Borough:  BROOKLYN (KINGS)	* Denotes requ	uired fields	*State:	NEW YORK
A Claimant OR an Attorney Email Address is required.	+Denotes field that is required if attorney is filing.		Borough:	BROOKLYN (KINGS)

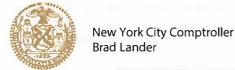


Office of the New York City Comptroller 1 Centre Street New York, NY 10007

\*Manner in which claim arose:

DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1983) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW PURSUANT TO MUNICIPAL POLICY, PRACTICE AND/OR CUSTOM (42 U.S.C. § 1983 AND MONELL V. DEP'T OF SOCIAL SERVS., 436 U.S. 658 (1978)) IN VIOLATION OF THE AFORESAID AMENDMENTS; CONSPIRACY TO INTERFERE WITH CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1985) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION UNDER COLOR OF LAW OF RIGHTS GUARANTEED BY ARTICLE 1, SECTIONS 6 AND 12 OF THE CONSTITUTION OF THE STATE OF NEW YORK: FALSE ARREST: FALSE IMPRISONMENT: MALICIOUS PROSECUTION; NEGLIGENCE; CRUEL AND UNUSUAL PUNISHMENT; EXCESSIVE FORCE; DESTRUCTION OF PROPERTY; INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS; PRIMA FACIE TORT; ABUSE OF PROCESS; NEGLIGENT HIRING; NEGLIGENT TRAINING; NEGLIGENT SUPERVISION; FAILURE TO INVESTIGATE; FAILURE TO TIMELY AND PROPERLY RESPOND TO MISCONDUCT: MISREPRESENTATION: FAILURE TO TIMELY AND PROPERLY EXERCISE PROSECUTORIAL FUNCTIONS AND INDEPENDENT JUDGMENT. IT IS ALLEGED THAT THE EMPLOYEES OF THE CITY OF NEW YORK INTERFERED WITH THE CIVIL RIGHTS OF THE CLAIMANT WHEN OFFICERS OF THE NEW YORK CITY POLICE DEPARTMENT ON OCTOBER 6, 2022 BETWEEN 5:47 AND 7:29PM ARRESTED CLAIMANT WITH NO PROBABLE CAUSE, ALLEGING THAT HE WAS DRIVING RECKLESSLY AND UNDER THE INFLUENCE OF ALCOHOL. AFTER SPENDING OVER A DAY INCARCERATED MR. CAESAR WAS RELEASED SOME TIME ON OCTOBER 7, 2022, ULTIMATELY, THE KINGS COUNTY DISTRICT ATTORNEY'S DISMISSED SOME OF THE CHARGES AND THE CASE WAS LATER DISMISSED COMPLETELY BY THE COURT ON JULY 25, 2023. THE AFORESAID CAUSES OF ACTION ARISE FROM THE UNLAWFUL ARREST, IMPRISONMENT AND ABUSE OF CRIMINAL PROCESS OF CLAIMANT LLOYD CAESAR FOR MULTIPLE CHARGES, WHICH INCLUDE DRIVING UNDER THE INFLUENCE AND RECKLESS DRIVING, AS A RESULT OF THE WILLFUL, INTENTIONAL, MALICIOUS, RECKLESS, NEGLIGENT, AND OR DELIBERATE INDIFFERENCE OF THE CITY OF NEW YORK, THE NEW YORK CITY POLICE DEPARTMENT, AND THEIR EMPLOYEES, AGENTS AND/OR SERVANTS. MR. CAESAR WAS ALSO SUBJECTED TO CRUEL AND UNUSUAL PUNISHMENT WHEN HE WAS INCARCERATED FOR OVER A DAY. THE AFORESAID DEPRIVATIONS, BREACHES, TORTS AND VIOLATIONS ARE CONTINUOUS FROM THE DATE OF ARREST ON OCTOBER 6, 2022 TO JULY 25, 2023, WHICH WAS THE DATE THAT THE COURT DISMISSED THE CHARGES. MR. CAESAR WAS INCARCERATED WRONGFULLY FOR OVER A DAY.

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The items of claimed are (include dollar amounts):

IN THE EARLY EVENING HOURS OF OCTOBER 6, 2022, CLAIMANT WAS ARRESTED SEVERAL COUNTS OF RECKLESS damage or injuries DRIVING AND DRIVING UNDER THE INFLUENCE. THERE WAS NO PROBABLE CAUSE TO ARREST CLAIMANT. BECAUSE OF THE UNLAWFUL ARREST, THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DISMISSED SEVERAL COUNTS AGAINST CLAIMANT AND FAILED TO PROSECUTE CLAIMANT FOR THE REST OF THE COUNTS LEADING TO THE CASE BEING DISMISSED ON JULY 25, 2023. CLAIMANT WAS SUBJECTED TO OVER A DAY OF INCARCERATION.

THE DAMAGES SUSTAINED BY CLAIMANT, UPON INFORMATION AND BELIEF ARE:

THE CLAIMANT SUFFERED FROM WRONGFUL PROSECUTION, WRONGFUL AND UNCONSTITUTIONAL LOSS OF LIBERTY FOR OVER A DAY, AND ALL DAMAGES THAT ARE ASSOCIATED WITH SUCH LOSS AND INTERFERENCE OF THE AFOREMENTIONED RIGHTS, INCLUDING, BUT NOT LIMITED TO, SEVERE MENTAL ANGUISH, PHYSICAL INJURIES, EMOTIONAL DISTRESS, HUMILIATION, INDIGNITIES, EMBARRASSMENT, ECONOMIC AND MONETARY LOSS, DEGRADATION AND INJURY TO REPUTATION AS WELL AS LOSS OF ENJOYMENT OF LIFE.

SAID CLAIMS AND DEMANDS ARE HEREBY PRESENTED FOR ADJUSTMENT AND PAYMENT. YOU ARE HEREBY NOTIFIED THAT UNLESS THEY ARE ADJUSTED AND PAID WITHIN THE TIME PROVIDED BY LAW FROM THE DATE OF PRESENTATION TO YOU, THE CLAIMANTS INTEND TO COMMENCE AN ACTION IN THESE CLAIMS. CLAIM IS MADE FOR PERSONAL INJURIES AND FINANCIAL LOSSES FOR FIVE HUNDRED (\$500,000) DOLLARS ON BEHALF OF CLAIMANT LLOYD CAESAR.

Document 21-3

Filed 11/21/24

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New York City Comptroller Brad Lander
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Medical Information	Witness 1 Information	
1st Treatment Date: Format: MM/DD/YYYY	Last Name:	
Hospital/Name:	First Name:	
Address:	Address	
Address 2:	Address 2:	
City:	City:	
State:	State:	
Zip Code:	Zip Code: Phone:	
Date Treated in Format: MM/DD/YYYY Emergency Room:	Witness 2 Information	
Was claimant taken to hospital by Yes No NA	Last Name:	
an ambulance?	First Name:	
Employment Information (If claiming lost wages)	Address	
Employer's Name:	Address 2:	
Address	City:	
Address 2:	State:	
City:	Zip Code: Phone:	
State:	Witness 3 Information	
Zip Code:	Last Name:	
Work Days Lost:	First Name:	
Amount Earned	Address	
Weekly:	Address 2:	
Treating Physician Information	City:	
Last Name:	State:	
First Name:	Zip Code: Phone:	
Address:		
Address 2:	Witness 4 Information	
City:	Last Name:	
State:	First Name:	
Zip Code:	Address	
	Address 2:	
	City:	
	State:	
	Zip Code: Phone:	

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Office of the New York City Comptroller 1 Centre Street New York, NY 10007



## Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in			Non-City vehicle driver	
Last Name:			Last Name:	
First Name:			First Name:	
Address			Address	
Address 2:			Address 2:	
City:			City:	
State:			State:	
Zip Code:			Zip Code:	
Insurance Information			Non-City vehicle information	
Insurance Company Name:			Make, Model, Year of Vehicle:	
Address			Plate #:	
Address 2:			VIN #:	
City:			City vehicle information	
State:				
Zip Code:			Plate #:	
Policy #:				
Phone #:			City Driver Last Name:	
Description of	C Driver	C Passenger	City Driver First	
claimant:	Pedestrian	Bicyclist	Name:	
	C Motorcyclist	Other		
Total Amount Claimed:	\$500,000.00		Format: Do not include "\$" or ",".	

The **Total Amount Claimed** can only be entered once the following required fields are entered:

Claimant Last Name Claimant First Name Claimant Address, City, State, Zip Code, and Country Claimant Email or Attorney Email Date of Incident Location of Incident (including State) Manner in which claim arose

If attorney is filing, the following fields are also required: Attorney Last Name, First Name, Address, City, State, Zip Code, Email